

## Mental Health Diversion Council

**Background:** In February of 2013, Governor Snyder elevated the Diversion Strategies workgroup by forming the Mental Health Diversion Council through Executive Order 2013-7 ([https://www.michigan.gov/documents/snyder/EO\\_2013-7\\_411969\\_7.pdf](https://www.michigan.gov/documents/snyder/EO_2013-7_411969_7.pdf)). The council, chaired by Lt. Governor Brian Calley, is charged with "...reducing the number of people with mental illness or intellectual or developmental disabilities (including comorbid substance addiction) from entering the corrections system, while maintaining public safety." The Council officially adopted the action plan created by the original workgroup, which outlines specific goals, strategies and recommendations to improve diversion of those with mental illness. Members ([http://www.michigan.gov/snyder/0,4668,7-277-57738\\_57679\\_57726-295445--\\_00.html](http://www.michigan.gov/snyder/0,4668,7-277-57738_57679_57726-295445--_00.html)) are currently working to accomplish all of the outlined goals and milestones.

**Pilots:** The Diversion Council funds various pilots to initiate innovative ways to divert the people with mental illnesses and developmental disabilities from incarceration. The goal of the pilots is to gather data and replicate effective models throughout the state. The eleven pilots include pre-booking intervention, which is prior to an individual entering the court system, and post-booking, which is after an individual has entered the court system. Current pilots include the following:

- Barry - CIT, Juvenile Diversion, Screening Tool
- Berrien - CIT, Jail Clinicians, Intensive Follow Thru
- Detroit Central City - F.A.C.T, Longer Term Housing
- Detroit SW Community Court - Comm. Based Sentencing
- Kalamazoo – CIT, CIT-Y, Longer Term Housing, Data Warehousing
- Kent – Full Time Jail Clinicians and Intensive Follow Up, Diversion Center
- Livingston – CIT, In Jail Staff-Clinicians, Pre-Release Assessments
- Marquette – CIT, Crisis Beds, Jail Liaison, MRT
- Monroe – Jail Staff-Peer Supports, Mental Health Court
- Oakland – CIT, CIT-Y, In Jail Staff, Boundary Spanner
- St. Joseph – CIT, Diversion Center

**Juvenile Justice:** The Diversion Council has mainly focused on the adult population, but in March of 2014, Governor Snyder expanded the scope of the Council to incorporate the issue of Juvenile Justice through Executive Order 2014-7 ([https://www.michigan.gov/documents/snyder/EO\\_2014-7\\_451095\\_7.pdf](https://www.michigan.gov/documents/snyder/EO_2014-7_451095_7.pdf)). The membership was also expanded to include individuals with expertise in this specific area. The Council has since adopted an action plan specific to the juvenile justice population and is working to implement its initiatives ([http://www.michigan.gov/documents/mentalhealth/JD\\_Strategies\\_Action\\_Plan\\_092016\\_535479\\_7.pdf](http://www.michigan.gov/documents/mentalhealth/JD_Strategies_Action_Plan_092016_535479_7.pdf)).

**Progress Evaluation:** The Diversion Council partnered with Michigan State University's Data and Evaluation Team in 2015 to establish baseline data for the Diversion Council pilot projects. The Baseline Data Report covers eight current pilot initiatives and provides baseline data and information to the Diversion Council as well as those pilot communities, to facilitate planning for future diversion activities. The report focuses on three main areas:

- Prevalence of Serious Mental Illness in Jails
- Recidivism among Individuals with Serious Mental Illness
- Crisis Intervention Team Training

Long-term outcomes will be assessed at the one-year mark to better understand recidivism, mental treatment engagement, and consistency of outcomes.



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
EXECUTIVE OFFICE  
LANSING

BRIAN CALLEY  
LT. GOVERNOR

**EXECUTIVE ORDER  
No. 2013 - 7**

**CREATION OF  
MENTAL HEALTH DIVERSION COUNCIL  
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**

WHEREAS, Section 1 of Article V of the Michigan Constitution of 1963 vests the executive power of the state of Michigan in the Governor; and

WHEREAS, the state of Michigan recognizes the goal of reducing the number of people with mental illness or intellectual or developmental disabilities (including comorbid substance addiction) from entering the corrections system, while maintaining public safety; and

WHEREAS, it is important that the state of Michigan improve behavioral health screening, assessment, and treatment of individuals involved in the criminal justice system to improve identification, reduce risk, and provide adequate care for complex behavioral health conditions; and

WHEREAS, effective coordination of state and local resources is needed to provide necessary improvements throughout the system, including stakeholders in law enforcement, behavioral health services, and other human service agencies; and

WHEREAS, establishment of the Mental Health Diversion Council within the Michigan Department of Community Health will advise and assist in the implementation of a diversion action plan, and provide recommendations for statutory, contractual, or procedural changes to improve diversion;

NOW, THEREFORE, I, Richard D. Snyder, Governor of the state of Michigan, by virtue of the power and authority vested in the Governor by the Michigan Constitution of 1963 and Michigan law, order the following:

**I. CREATION OF THE MENTAL HEALTH DIVERSION COUNCIL**

A. The Mental Health Diversion Council ("Council") is created as an advisory body to the Governor within the Michigan Department of Community Health ("Department").

B. The Council shall be composed of fourteen (14) members appointed by the Governor. Of the members initially appointed, four (4) members shall be appointed for terms expiring on January 30, 2015; five (5) members shall be appointed for terms expiring on January 30, 2016; and five (5) members shall be appointed for terms expiring on January 30, 2017. After the initial appointments, members of the council shall serve a term of four (4) years.

C. The Council consists of the following members:

- The Lieutenant Governor, or his designee from within the Lieutenant Governor's office;
- The director of the Department of Community Health, or his designee from within the Department of Community Health;
- The director of the Department of Corrections, or his designee from within the Department of Corrections;
- An individual representing the State Court Administrative Office;
- An individual representing a Medicaid pre-paid inpatient health plan (PIHP);
- An individual representing adult service agencies and/or providers from a local community mental health service program (CMHSP);
- An individual representing the judiciary;
- An individual representing prosecutors;
- An individual representing community prisoner or jail re-entry;
- An individual representing court administrators;
- An individual representing county sheriffs;
- An individual representing local law enforcement;
- A licensed attorney with experience representing individuals with mental illness; and
- An individual representing advocates or consumer representatives.

D. A vacancy on the council occurring other than by expiration of a term shall be filled in the same manner as the original appointment for the balance of the unexpired term.

## **II. CHARGE TO THE COUNCIL**

A. The council shall act in an advisory capacity and shall do all of the following:

1. Adopt and implement a diversion action plan to improve efforts to divert individuals with mental illness, intellectual, and developmental disabilities (including comorbid substance abuse disorders) from criminal justice involvement to appropriate treatment.

2. Make recommendations for statutory, regulatory, and contractual requirements applicable to criminal justice and behavioral health services. These recommendations are to include the use of screening and assessment tools to improve identification of those in need of treatment.

3. Identify areas of best practice in Michigan to expand the use of effective pre-booking and post-booking options for those with mental illness or intellectual and developmental disabilities.

4. Recommend a performance monitoring process to include baseline and post-implementation data for prevalence of mental illness, outcomes, and return on investment.

5. Recommend a model for improving overall community response for individuals with mental illness, intellectual disabilities, or developmental disabilities who engage in illegal or disruptive behavior.

6. Coordinate with the Mental Health Prevention, Recovery, and Wellness Commission created by Executive Order 2013-6.

B. As directed by the Director of the Department, Department staff shall assist the council with establishment of policies and procedures regarding the use of grants and other funds.

C. The council shall provide other information or advice as requested by the Governor or the Department.

### **III. OPERATIONS OF THE COUNCIL**

A. The council shall be staffed and assisted by personnel from the Department as directed by the Director of the Department. Any budgeting, procurement, and related management functions of the council shall be performed under the direction and supervision of the Director of the Department.

B. The Governor shall designate the Chairperson of the council.

C. The council may select from among its members a Vice-Chairperson.

D. The council shall select from among its members a Secretary. Council staff shall assist the Secretary with recordkeeping responsibilities.

E. The council may create committees and advisory panels to assist the council in policy-making recommendations.

F. A majority of the members of the council serving constitutes a quorum for the transaction of the council's business. The council shall act by a majority vote of its serving members.

G. The council shall adopt procedures consistent with Michigan law and this Order governing its organization and operations, and may establish committees and request public participation on advisory panels as the council deems necessary. The Council may adopt, reject, or modify any recommendations proposed by committees or advisory panels.

H. The council shall meet at the call of the Chairperson and as may be provided in procedures adopted by the council.

I. In developing recommendations, the council may, as appropriate, make inquiries, studies, investigations, hold hearings, and receive comments from the public. The council may consult with outside experts in order to perform its duties, including, but not limited to, experts in the private sector, organized labor, government agencies, and at institutions of higher education.

J. Members of the council shall serve without compensation but may receive reimbursement for necessary travel and expenses according to relevant statutes and the rules and procedures of the Michigan Civil Service Commission and the Department of Technology, Management, and Budget, subject to available funding.

K. The council may hire or retain contractors, sub-contractors, advisors, consultants, and agents, and may make and enter into contracts necessary or incidental to the exercise of the powers of the council and the performance of its duties as the Director of the Department deems advisable and necessary, in accordance with this Order, and the relevant statutes, rules, and procedures of the Michigan Civil Service Commission and the Department of Technology, Management and Budget.

L. The council may accept donations of labor, services, or other things of value from any public or private agency or person. Any donations shall be expended in accordance with applicable laws, rules, and procedures.

M. Members of the council shall refer all legal, legislative, and media contacts to the Department.

#### **IV. MISCELLANEOUS**

A. All departments, committees, commissioners, or officers of this state or of any political subdivision of this state may give to the council, or to any member or representative of the council, any necessary assistance required by the council, or any member or representative of the council, in the performance of the duties of the council so far as is compatible with its, his, or her duties.

B. Any suit, action, or other proceeding lawfully commenced by, against, or before any entity affected by this Order shall not abate by reason of the taking effect of this Order.

C. The invalidity of any portion of this Order shall not affect the validity of the remainder of the Order.

This Executive Order shall become effective upon filing.



Given under my hand and the Great Seal of the state of Michigan this 20th day of February in the Year of our Lord Two Thousand Thirteen

  
RICHARD D. SNYDER  
GOVERNOR

BY THE GOVERNOR:

  
SECRETARY OF STATE

FILED WITH SECRETARY OF STATE

ON 2/20/13 AT 1:55 P.M.



STATE OF MICHIGAN  
EXECUTIVE OFFICE  
LANSING

RICK SNYDER  
GOVERNOR

BRIAN CALLEY  
LT. GOVERNOR

**EXECUTIVE ORDER  
No. 2014 – 7**

**MENTAL HEALTH AND WELLNESS COMMISSION  
MENTAL HEALTH DIVERSION COUNCIL**

**AMENDMENT OF EXECUTIVE ORDERS 2013- 6 and 2013-7**

WHEREAS, Section 1 of Article V of the Michigan Constitution of 1963 vests the executive power of the state of Michigan in the Governor; and

WHEREAS, on February 20, 2013, Executive Order 2013-6 created the Mental Health and Wellness Commission (Commission) and Executive Order 2013-7 created the Mental Health Diversion Council (Council); and

WHEREAS, the Commission has spent the last year working to identify gaps in our current mental health system and provided recommendations to address those gaps; however, there is still more work to do; and

WHEREAS, the Commission publicly issued a report on January 21, 2014; and

WHEREAS, it is necessary for the Commission to monitor and aid the implementation of recommendations from the Commission's report and to thoroughly review additional mental health areas; and

WHEREAS, the Council has made significant strides in its efforts to divert individuals with mental illness or substance use disorders out of the criminal justice system and into appropriate treatment but is solely focused on the adult population. In an effort to have a comprehensive diversion program the scope of the Council must be broadened to include review of the juvenile justice system; and

WHEREAS, the goals of the Commission and Council can best be achieved by adding members specializing in juvenile issues to the Council, expanding the scope and duties of the Commission, and extending the time for the Commission to complete its work;

NOW, THEREFORE, I, Richard D. Snyder, Governor of the state of Michigan, by virtue of the power and authority vested in the Governor by the Michigan Constitution of 1963 and Michigan law, order that:

**I. SECTION II. A. 9. IS ADDED TO EXECUTIVE ORDER 2013-6 TO READ AS FOLLOWS:**

- "9. The Commission is also tasked with: reviewing and recommending solutions to overcoming transportation challenges for those with developmental disabilities, mental illnesses, and substance use disorders; supporting the expansion of the scope of the diversion council to juvenile justice; developing transition planning

for parents and children; evaluating the policies, programs and services outlined in the Commission report."

**II. SECTION II. C. OF EXECUTIVE ORDER 2013-6 IS AMENDED TO READ AS FOLLOWS:**

C. "The Commission shall cease to exist on or before December 31, 2015."

**III. SECTION I. B. OF EXECUTIVE ORDER 2013-7 IS AMENDED TO READ AS FOLLOWS:**

"B. The Council shall be composed of eighteen (18) members appointed by the Governor. Of the members initially appointed, four (4) members shall be appointed for terms expiring on January 30, 2015; five (5) members shall be appointed for terms expiring on January 30, 2016; and five (5) members shall be appointed for terms expiring on January 30, 2017. The four (4) members added by this executive order shall be appointed for terms expiring January 30, 2018. After the initial appointments, members of the council shall serve a term of four (4) years.

**IV. SECTION I. C. OF EXECUTIVE ORDER 2013-7 IS AMENDED TO READ AS FOLLOWS:**

C. The Council consists of the following members:

- The Lieutenant Governor, or his or her designee from within the Lieutenant Governor's office;
- The director of the Department of Community Health, or his or her designee from within the Department of Community Health;
- The director of the Department of Human Services, or his or her designee from within the Department of Human Services;
- The director of the Department of Corrections, or his or her designee from within the Department of Corrections;
- An individual representing the State Court Administrative Office;
- An individual representing a Medicaid pre-paid inpatient health plan (PIHP);
- An individual representing adult service agencies and/or providers from a local community mental health service program (CMHSP);
- An individual representing the judiciary;
- An individual representing prosecutors;
- An individual representing community prisoner or jail re-entry;
- An individual representing court administrators;
- An individual representing county sheriffs;
- An individual representing local law enforcement;
- A licensed attorney with experience representing individuals with mental illness;
- An individual representing advocates or consumer representatives on adult diversion issues;
- An individual representing juvenile mental health treatment practitioners;
- An individual representing school systems, being someone from an intermediate school district or local school district; and
- An individual representing advocates or consumer representatives on juvenile justice issues.



V. SECTION II. OF EXECUTIVE ORDER 2013-7 IS AMENDED TO ADD SUBSECTION II.  
D. TO READ AS FOLLOWS:

D. The council shall include in its scope a review of juvenile justice as it relates to mental health and juvenile justice diversion including, but not be limited to, the following:

1. Ensuring a universal statewide tool is utilized across the state for courts to administer and properly evaluate and assess youth as they enter the juvenile justice system.
2. Providing support and assistance to existing juvenile mental health courts and foster expansion of such courts.
3. Monitoring and follow-up of Michigan juvenile competency legislation enacted in 2012.
4. Following-up on the results of the Department of Human Services' juvenile justice behavioral health study (expected to be completed in late 2014).
5. Seeking ways in which the state can assist communities in developing and implementing mobile crisis response for youth psychiatric emergencies.
6. Standardizing and centralizing records, as well as improving information-sharing, among agencies dealing with behaviorally challenged youth at risk of or experiencing detention/incarceration.
7. Improving training for Youth Crisis Intervention for law enforcement.
8. Clarifying the statutory/contractual relationship between law enforcement and Centers for Medicare and Medicaid Services regarding juvenile diversion.
9. Developing best practice re-entry strategies for youth leaving juvenile justice facilities.

This Order is effective upon filing.

Given under my hand and the Great Seal of the state of Michigan this 20<sup>th</sup> day of March, in the year of our Lord, Two Thousand and Fourteen



  
RICHARD D. SNYDER  
GOVERNOR

BY THE GOVERNOR:

  
SECRETARY OF STATE

# **MENTAL HEALTH DIVERSION COUNCIL** **DIVERSION STRATEGIES ACTION PLAN 2015-20**

GOALS	ACTION STEPS	MILESTONE DATE	DELIVERABLE / OUTCOME
1. Strengthen "Pre-bookings" Jail Diversion for Individuals with Mental Illness	A. Implement statewide Crisis Intervention Team (CIT) program and other best practice models and to include the standardized Washtenaw County intensive two day mental health in law enforcement training as a statewide curriculum to enhance officers general knowledge and skills in addition to promoting CIT for further specialty training. (CIT PILOTS Kalamazoo, Oakland, Marquette, St Joseph, Barry, Berrien)	Current and Ongoing	Statute/solution/CIT teams
	1) Increase the number of counties where CIT, CIT-Y and the Stepping Up Initiative are in place	Ongoing until all 83 Counties have signed on	Have gone from 10 to 14 counties with signed resolutions
	2) Solicit and find legislative sponsor and/or propose solution to appropriate body (assuming positive return on investment)	4/01/20	
	B. Clarify statutory/contractual Jail Diversion relationship between law enforcement agencies and CMHs (Statewide)	4/1/18	Statute/or other Mechanism
	C. Collect baseline performance indicators for diversion	4/30/18	Data Collection Process, Standard incident report
2. Ensure Quality, Effective, and Comprehensive Behavioral Health Treatment in Jails and Prisons	D. Implement ongoing process for evaluation (performance dashboard) (Statewide-OPTUM and or SECANT)	4/1/20	
	1) Implement process	12/31/20	
	A. Improve behavioral health treatment provision (Statewide)	Diversion Council recommendations submitted	Jail Diversion Standards, Statute (if applicable), other Recommended Deliverable
	1) Finalize ongoing work with MDHHS regarding recommendations by the Diversion Council on suspending Medicaid services while in jail	4/1/16 Completed as of 7/1/15	Completed

# **MENTAL HEALTH DIVERSION COUNCIL** **DIVERSION STRATEGIES ACTION PLAN 2015-20**

GOALS	ACTION STEPS	MILESTONE DATE	DELIVERABLE / OUTCOME
3. Expand "Post-Booking" Jail Diversion Options for individuals with Mental Illness	2) Amend judgment of sentence form to allow order of release mental health records to jail or MDOC (SCAO, Circuit-District Court Judges)	12/1/17	Statute or other Mechanism Standard Patient Release Form Guideline
	B. Develop an ongoing performance monitoring process to include baseline and outcome data (fiscal, clinical, and societal)(PILOT and MSU data and evaluation team)	Current and Ongoing: Baseline report completed 11/1/16	Surveys, Executive Summaries, Gap Identification
	1) Identify and address gaps in information/validity issues (Network 180 pilot Diversion Center)	Address all remaining gaps by 9/30/18	
	2) Create a best practice statewide	12/1/20	
	A. Develop uniform standards for post-booking diversions.	5/30/18	Uniform Standards and/or Statute
	1) Include process for probation and parole violators) (PILOT –RFP process to include this as priority consideration)	5/30/18	
	2) Complete draft statute or other suggested change.	3/1/19	
	3) Solicit and find legislative sponsor and/or propose solution to appropriate body	5/30/19	
	B. Expand the availability of and resources for (state and other) Mental Health Court for individuals with a mental illness and explore ways to remove barriers to maximize Mental Health Courts (violent offender language) (PILOT Monroe MHC)	9/30/17	Statute/or other Mechanism, Assessment, Michigan implementation guideline

# MENTAL HEALTH DIVERSION COUNCIL

## DIVERSION STRATEGIES ACTION PLAN 2015-20

GOALS	ACTION STEPS	MILESTONE DATE	DELIVERABLE / OUTCOME
	1) Devise Michigan-specific Mental Health Court implementation guideline (Look at violent offense language for possible change)	5/30/17 (Delayed until new Prosecutor is represented)	Currently being considered by SCAO and legislative staff
	2) Conduct process for ongoing assessment and/or review existing evaluations of Mental Health Courts (and similar models)(MSU)	5/30/18	
	3) Identify potential resources for sustaining existing Mental Health Courts and for creating additional Mental Health Courts (Hybrid pilot, Regional vs. Local models, Multi county courts vs. single county courts) (SCAO, RFP specific consideration).	3/30/19	
	C. Integrate necessary mental health services into probation consistently throughout Michigan.	1/1/20	Post-booking Diversion Standards, Statute, Best Practices
	1) Canvas Michigan courts and identify probation/MH service models.	9/30/18	
	2) Assess proven models effectiveness and viability statewide. (MSU)	6/1/19	

# **MENTAL HEALTH DIVERSION COUNCIL** **DIVERSION STRATEGIES ACTION PLAN 2015-20**

GOALS	ACTION STEPS	MILESTONE DATE	DELIVERABLE / OUTCOME
4. Reduce Unnecessary Incarceration or Re-incarceration of Individuals with Mental Illness	D. Explore/enhance availability of mental health services for Drug Court participants who have a mental illness. <b>(Future / Hybrid Pilot)</b>	8/15/17	Identify courts that have strong CMH/SA provider relationships to forge a possible hybrid court
	1) Research Michigan Drug Courts to learn how MH services are integrated into their programming <b>(SCAO)</b>	1/30/18	
	2) Assess proven models effectiveness and viability statewide. <b>(MSU)</b>	6/1/18	
	a) Statewide training based on best practices.	12/31/18	
	A. Strengthen involuntary mental health treatment process in Probate Courts <b>(PILOT)</b>		Potential Statute or other solution
	1) Mental Health Guardianship Ad Hoc Subcommittee	9/30/15	Completed
	a) Convene stakeholders to analyze results and draft statute if needed	3/30/16 Completed	
	b) Convene Ad Hoc subcommittee to evaluate inconsistency of release of mental health records	TBA	
	Add proposed legislative sponsor	12/31/17	
	2) Develop and provide training on the process of Kevin's Law (includes "potential harm")		
	a) Complete training outline	Outline complete	Completed
	b) Conduct training (goal for all affected agencies)	9 months post AOT Law passed	

# **MENTAL HEALTH DIVERSION COUNCIL** **DIVERSION STRATEGIES ACTION PLAN 2015-20**

GOALS	ACTION STEPS	MILESTONE DATE	DELIVERABLE / OUTCOME
	<p>B. <b>Jail</b> - Improve behavioral health treatment upon re-entry into the community from <b>jail</b> (<b>PILOT Kent, K-Zoo, Detroit Wayne</b>)</p> <p>1) <b>Jail</b> -Identify and pilot best practice models for re-entry from <b>jail</b> to the community from information gathered by MSU data and evaluation team</p> <p>a) Identify and implement re-entry models – Jail</p>	<p>1/30/19</p> <p>10/1/18</p> <p>Implement: 10/1/18 Evaluate: 12/31/19</p>	<p>Guidelines, Proposal, Data Evaluation Methodology</p> <p>Warm Handoffs from jails and prisons</p>
	<p>2) Require jails to inform jail-based behavioral health providers of inmate release at the time or before release (<b>Mich. Sheriff's Assoc.?</b>)</p> <p>a) Implement</p> <p>b) Evaluate</p>	<p>5/1/18</p> <p>5/1/19</p>	Guidelines, Proposal, Data evaluation methodology
	<p>C. <b>Prison</b> -Ensure release of correctional mental health records <b>post prison.</b></p>		
	<p>1) Work with MIHIN to decide on approach (e.g. pilot one population or geographical area)</p> <p>a) Develop Plan</p> <p>b) Implement Plan</p> <p>c) Evaluate</p>	<p>7/31/17</p> <p>3/1/18</p> <p>7/31/19</p> <p>7/31/20</p>	
	<p>D. Propose dedicated State General Fund "Diversion" appropriation for behavioral health services for FY 2017 or FY 2018</p> <p>1) Complete analysis of pilots, finalize recommendation and/or draft legislation</p> <p>2) Present recommendation to executive branch, legislative leaders, potential sponsors</p>	<p>6/15/17</p> <p>11/30/17</p>	Draft Statute or other proposed solutions

# **MENTAL HEALTH DIVERSION COUNCIL** **DIVERSION STRATEGIES ACTION PLAN 2015-20**

GOALS	ACTION STEPS	MILESTONE DATE	DELIVERABLE / OUTCOME
5. Establish an Ongoing Mechanism to Coordinate and Assist with Implementation of Action Plan Goals and to Facilitate Needed Systems Change	A. Ensure adequate behavioral health treatment capacity to support this Action Plan		ROI document, Identification of needs, resources, and funding
	1) After every pilot cycle, use learning from that pilot to evaluate capacity to implement best practices	12/31/15 Annually Thereafter	
	a) Finalize MOU between MDHHS and MDOC for substance use disorder and parolee population post medicaid expansion	12/30/17	
	2) Increase awareness of financial costs vs. long-term savings for community-based behavioral health services as an alternative to incarceration	Ongoing Annually	
	a) Utilize MSU data and evaluation team to determine return on investments for pilots	11/30/16 and ongoing	
	b) Complete Return on investment document with initial cost-benefit analysis	Annually	
	3) Increase access to services during post release from jail and prison	10/1/18	
B. Acquire a county site where all five points of intercept are modeled and supported in part by pilot funding		1/31/19	Have currently went from 10 to 14 counties with signed resolutions
C. Increase the number of counties who complete the Stepping Up Initiative Resolution		Ongoing until all 83 Counties have signed resolutions	

# MDHHS Juvenile Diversion Strategies Action Plan 2016-2017

Revised: 04/11/17

Mental Health and Wellness Commission Recommendations	JJ Diversion Council Goals	Action Steps	Milestone Date
1. Ensuring a universal statewide tool is utilized across the state for courts to administer and properly evaluate and assess youth as they enter the juvenile justice system.	Implement the online Michigan Juvenile Justice Assessment System (MJJAS) as a statewide tool for courts to assess youth entering the juvenile justice system and at other key points in the process.	a. Continue to increase access to online training and support to statewide sites regarding the Michigan Juvenile Justice Assessment System (MJJAS).	10/01/2017
2. Provide support and assistance to existing juvenile mental health courts and foster further expansion of such courts.	Gain full understanding of the current status of juvenile mental health courts in Michigan and determine what additional efforts, if any, can be made to support and expand them.	a. Obtain feedback from Michigan Association of Family Court Administrators on barriers to implementation of juvenile mental health courts.	ON HOLD
3. Monitoring and follow-up of Michigan juvenile competency legislation enacted in 2012.	Evaluate the competency legislation as passed and propose solutions for identified gaps and follow-up action.	a. Identify priorities, propose solutions, and explore MDHHS resources.	10/01/2017
4. Following-up on the results of the Department of Human Services juvenile justice behavioral health study.	Developing a statewide continuum of evidence-based community services.	a. Gather information on the need for evidence-based community services related to mental health and substance use services for youth.	10/01/2017



# MDHHS Juvenile Diversion Strategies Action Plan 2016-2017

Revised: 04/11/17

Mental Health and Wellness Commission Recommendations	JJ Diversion Council Goals	Action Steps	Milestone Date
5. Seeking ways in which the state can assist communities in developing and implementing mobile crisis response for youth psychiatric emergencies.		a. Identify mobile crisis response programs that serve youth, and explore opportunities to provide support for new and existing programs.	06/01/2017
6. Standardizing and centralizing records, as well as improving information-sharing, among agencies dealing with behaviorally challenged youth at risk of or experiencing detention/incarceration.	Improve the ability of juvenile justice providers to share pertinent case information necessary to assist the youth and family in meeting their goals.	a. Support efforts to increase information sharing across systems.	ONGOING
7. Improving training for CIT-Y for law enforcement.		a. Support expansion through Mental Health Diversion Council pilot initiatives.	ONGOING

# MDHHS Juvenile Diversion Strategies Action Plan 2016-2017

Revised: 04/11/17

Mental Health and Wellness Commission Recommendations	JJ Diversion Council Goals	Action Steps	Milestone Date
8. Developing best practice reentry strategies for youth leaving juvenile justice facilities.	Reduce recidivism, improve involvement in employment and education and other positive outcomes for youth with mental illness in the juvenile justice system.	a. Work in conjunction with the courts and SCAO to identify data needed to calculate statewide recidivism rates for adjudicated youth in either residential secure or nonsecure facilities, defined at 6 months after a youth is released from placement.	COMPLETED
9.	Maximize Medicaid claims for community based and outpatient treatment services.	a. Update Bridges to reflect appropriate living arrangements for juveniles.  b. Train front line ES staff and stakeholders (court staff, school social workers, jail workers, etc.) on MA eligibility and application process.	04/01/2017  04/01/2018

# STEPPING UP: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails

THERE WAS A TIME WHEN NEWS OF JAILS serving more people with mental illnesses than in-patient treatment facilities in their county was shocking. Now, it is not surprising to hear that counties across the nation routinely provide services to the estimated 2 million people with serious mental illnesses booked into jail each year, or that prevalence rates of serious mental illnesses in jails are three to six times higher than for the general population.<sup>1</sup> Almost three-quarters of these adults have co-occurring substance use disorders.<sup>2</sup> Once incarcerated, they tend to stay longer in jail and upon release are at a higher risk of recidivism than individuals without these disorders.<sup>3</sup>

The human toll of this problem—and its cost to taxpayers—is staggering. Jails spend two to three times more on adults with mental illnesses that require intervention compared to those without those needs,<sup>3</sup> yet often cannot achieve recovery and recidivism-reduction goals. Despite counties' tremendous efforts to address this problem, they are often thwarted by significant obstacles, including coordinating multiple systems, balancing political agendas, and operating with minimal resources. Consequently, large numbers of people with mental illnesses continue to cycle through the criminal justice system, often resulting in tragic outcomes for these individuals and their families, missed opportunities for linkage to treatment, inefficient use of funding, and failure to improve public safety.

## The National Initiative

Recognizing the critical role local and state officials play in supporting change, the National Association of Counties (NACO) and the Council of State Governments (CSG) Justice Center will lead an unprecedented national initiative in partnership with the American Psychiatric Foundation (APF) to help advance counties' efforts to reduce the number of adults with mental and co-occurring substance use disorders in jails. There are many innovative and evidence-based practices already being implemented across the country. To build on that strong foundation and bring these efforts to scale, NACO, APF, and the CSG Justice Center plan to engage organizations with expertise in the complex issues at stake, including those representing sheriffs, jail administrators, judges, community corrections professionals and treatment providers, consumers, advocates, mental health and drug abuse service directors, and other stakeholders. What distinguishes this initiative is the coordination of state and local leaders to bring about system changes based on data-driven strategies.

The initiative has three key components:

1. **A CALL TO ACTION** demonstrating strong county and state leadership and a shared commitment to a multi-step planning process that can achieve concrete results for jails in counties of all sizes.

The Call to Action is more than a vague promise for reform; it focuses on developing an actionable plan that can be used to achieve county and state system changes. As part of this Call to Action, county elected officials will work with other leaders (e.g., the sheriff, district attorney, and state policymaker), people with mental illnesses and their advocates, and other stakeholders on the following six actions:

- Convene/Draw on a team of county leaders and decision makers from multiple agencies committed to reducing the number of people with mental illnesses in jails that do not pose a public safety risk.
- Obtain prevalence numbers and assess needs to better identify adults entering jails with mental illnesses and their recidivism risk, and use that baseline information to guide decision making.

<sup>1</sup> Although there is a high prevalence of substance use disorders in jails, this initiative initially focuses on people with mental illnesses and those with co-occurring substance use disorders.

- Measure treatment and service capacity to determine which policies, programs, and services are available to minimize contact or deeper involvement in the justice system for individuals with mental illnesses.
- Make a plan with measurable outcomes that draws on the assessment of the jail population and community capacity.
- Implement research-based approaches that advance the plan and ensure that working groups or individuals with assignments feel supported, but also accountable, to the leadership team.
- Track progress using data and information systems, and report on successes.

NACo, APF, and the CSG Justice Center will work with initiative partners to integrate and maximize their existing resources to assist counties, as well as coordinate outreach to media and demonstrate a groundswell to both policymakers and practitioners. Among the key partners are the National Alliance on Mental Illness; Major County Sheriffs' Association; National Association of County Behavioral Health & Developmental Disability Directors; National Association of State Alcohol and Drug Abuse Directors; National Association of State Mental Health Program Directors; National Council for Behavioral Health; National Sheriffs' Association; and Policy Research Associates.

2. **TECHNICAL ASSISTANCE (TA)** to counties and policymakers at all levels of government that facilitates Call-to-Action planning and implementation efforts to reduce the number of people with mental illnesses and co-occurring substance use disorders in jails.

NACo, APF, and the CSG Justice Center will work with partners to provide an online planning guide keyed to the six actions, with related distance-learning opportunities, peer-to-peer exchanges, and, for a limited number of counties, more in-depth TA. There will be a self-assessment checklist within the guide to ensure that assistance is aligned with how much progress a county has already made and a planning template to help county teams develop data-driven strategies that are tailored to local needs.

3. **A NATIONAL SUMMIT** of teams of county leaders and stakeholders to advance implementation plans.

A summit will be convened that includes teams from counties that have well-developed, prevalence-reduction plans and meet objective criteria for participation. Team members will be high-level stakeholders from multiple systems and will represent counties of various sizes and geographic locations. The summit will help counties advance their plans and measure progress, and foster a core group poised to lead others in their states and regions. People with mental illnesses and their advocates will be engaged, as will state officials and subject-matter experts.

Although much of the initiative focuses on county efforts, states will be engaged in the partnership at every step to ensure that their legislative mandates, policies, and resource-allocation decisions do not create barriers to lowering the number of people with mental illnesses in jails. The initiative will align state and local efforts and include activities that state officials and other stakeholders can engage in to complement counties' work.

To learn more about the initiative, go to [csjjusticecenter.org/mental-health/county-improvement-project/stepping-up](http://csjjusticecenter.org/mental-health/county-improvement-project/stepping-up).

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## Endnotes

1. Steadman, Henry, et al., "Prevalence of Serious Mental Illness among Jail Inmates." *Psychiatric Services* 60, no. 6 (2009): 761–765.  
Even greater numbers of individuals have mental illnesses that are not "serious" mental illnesses, but still require resource-intensive responses.
2. Abram, Karen M., and Linda A. Teplin, "Co-occurring Disorders Among Mentally Ill Jail Detainees," *American Psychologist* 46, no. 10 (1991): 1036–1045.
3. See, e.g., Swanson, Jeffery, et al., *Costs of Criminal Justice Involvement in Connecticut: Final Report* (Durham: Duke University School of Medicine, 2011).